

Cancer Registration



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ProtectTexas™
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Helpful Tips on Rules & Guidelines

This Month's Topic : Treatment Information

Q: A patient was diagnosed at a staff physician's office 12/10/02 and was admitted to our hospital for treatment 1/4/03. Is the staff physician's office considered first contact even if the pathology was read elsewhere? What year is used for the accession number?

A: When a staff physician biopsies a patient off-site and the patient subsequently receives first course treatment at your facility, the case is analytic and must be abstracted and followed. The date of first contact is the date the patient reported to the facility for treatment and the Class of Case is 1. 2003 is used for the accession number.

Reference I&R #9906; FORDS pg. 83, pg. 87; TCR HB pg. 30

Q: If a patient comes to our facility for consolidation chemotherapy, after achieving remission, is the consolidation chemotherapy considered part of first course of treatment or second course?

A: This depends on the treatment plan for the patient determined by the managing physician. If this were part of the original treatment plan, this would be first course of treatment.

Reference I&R #9777; FORDS pg. 18

Q: How is treatment with Iressa coded for a lung cancer patient?

A: Code to 01, Biological Response Modifier under Immunotherapy.

Reference I&R #9277; FORDS pg.179; cancer.gov (NCI web site)

Q: Do we need to document hormone therapy given to a patient with prostate cancer prior to brachytherapy treatment?

A: Record hormone therapy given to a patient with prostate cancer prior to brachytherapy if it is part of the first course of treatment.

Reference I&R #8866; FORDS pg.18; TCR HB pg. 103

Q: Has there been any update since 1/2000 on coding PUVA when PUVA was not to be coded as "Other Treatment?"

A: PUVA should be coded as 1 in the field, Other Treatment.

Reference I&R #8594; FORDS pg. 186; TCR HB pg. 121, cancer.gov (NCI web site) *PUVA - Abbreviation for oral administration of psoralen and subsequent exposure to long wave-length ultraviolet light (Stedman's Medical Dictionary). A photochemotherapy which uses the psoralen as the photosensitizing agent and ultraviolet light type A.*

Q: A patient had prostate cancer recurrence tx'd per urologist with "Eligard." How is the treatment coded?

A: From our Internet resources, Eligard (leuprolide acetate) is a hormonal agent for the palliative treatment of advanced prostate cancer. Sustained levels of leuprolide decrease testosterone levels to suppress tumor growth in patients with hormone-responsive prostate cancer. Code this as hormone.

Reference I&R #8198; SEER web site: Oncology Agents Not Listed in SEER Book 8

Q: If a patient diagnosed with breast cancer was unable to receive chemotherapy and was placed on Arimidex, would this be documented in "other" treatment field?

A: Arimidex is hormonal therapy and should be documented in the hormone treatment field. Reference I&R #7207; SEER web site: Oncology Agents Not Listed in SEER Book 8

Q: First Course of Cancer-Directed Therapy--All Sites: How do we code retinoic acid?

A: The code for retinoic acid depends upon the primary site and histology of the tumor. Code retinoic acid (also called Vitamin A, tretinoin, ATRA, all-transretinoic acid or Vesanoid) in the Immunotherapy field as 01 [Immuno administered as first course therapy] for acute promyelocytic leukemia. This drug is given to patients as an alternative to chemotherapy.

For all other sites/histologies, code retinoic acid in the Other Cancer-Directed Therapy Field. Use code 2 [Other experimental cancer-directed therapy] or 3 [Double-blind clinical trial, code not yet broken] if the drug is given as part of a protocol. If the drug isn't being given as part of a protocol or you don't know whether it is part of a protocol, use code 1 [Other cancer-directed therapy].

Reference SEER Inquiry System # 20021041; SEER web site: Oncology Agents Not Listed in SEER Book 8

Q: Surgery of Primary Site--Lung: What code is used to represent "photodynamic therapy" (PDT) for lung primaries?

A: For cases diagnosed 2003 and later, code the Surgery of Primary Site field to 19 [Local destruction or excision, NOS] for lung primaries. Photodynamic therapy is a surgical procedure that results in the local destruction of tumor.

Reference SEER Inquiry System #20000243; SEER Program Code Manual pg. F-17; TCR HB pg. A-37

Q: Surgery of Primary Site--Ovary: What code is used to represent this field when a patient has a history of a previous organ removal and has additional surgery/organ removal for a present cancer (e.g., History of a 1984 hysterectomy and in 2003 has ovarian primary treated with BSO)?

A: For cases diagnosed 1/1/2003 and after: Code the Surgery of Primary Site field to 52 [Bilateral salpingo-oophorectomy WITH hysterectomy].

Reference SEER Inquiry System #20000476; FORDS pg. 275; TCR HB pg. A-56

- Q:** Surgery of Primary Site--Prostate: What treatment code is used to represent prostate carcinoma treated with "high intensity focused ultrasound" (HIFU)?
- A:** Code the Surgery of Primary Site field to 17 [Other method of local tumor destruction]. HIFU uses focused energy to destroy tissue. It is classified as a surgical procedure. Reference SEER Inquiry System #20010025; cancer.gov (NCI web site); TCR HB pg. A-59
- Q:** Surgery of Primary Site--Skin: How do you code "ultraviolet" or "UVB phototherapy" given as treatment for mycosis fungoides?
- A:** Code UVB phototherapy for mycosis fungoides primaries under Surgery of Primary Site for skin. Assign code 11 [Photodynamic therapy (PDT)] if there is no pathology specimen. Assign code 21 [Photodynamic therapy (PDT)] if there is a pathology specimen. Reference SEER Inquiry System #20021043; SEER Program Code Manual pg. F-21
- Q:** Scope of Regional Lymph Node Surgery--Breast: How should this field be coded when a mastectomy that removed 3 sentinel lymph nodes is later followed by an axillary lymph node dissection that removed 17 lymph nodes? Should all of the lymph node information be coded to this field, even though the Number of Regional Lymph Nodes Examined field will be coded to the number of lymph nodes from the most definitive surgery?
- A:** For cases diagnosed 1/1/2003 and after: Yes, all of the lymph node information should be coded to the Scope of Regional Lymph Node Surgery field using code 7 [Sentinel node biopsy and code 3, 4, or 5 at different times]. Reference SEER Inquiry System #20021197; SEER Program code Manual pg. 127
- Q:** Scope of Regional Lymph Node Surgery: If a named regional lymph node is aspirated should this field be coded to 1 [Regional lymph node removed, NOS], as is stated on page 127 of the SEER Program Code Manual, or should this field be coded to a more specific code when that is available (e.g. Lung primary code 3 [Ipsilateral mediastinal and/or subcarinal nodes])?
- A:** For cases diagnosed 1/1/2003 and after: A generic scheme was created for the Scope of Regional Lymph Node Surgery field. As a result, there no longer are codes available that represent specific named lymph node chains. Code aspiration of a lymph node to 1 [Biopsy or aspiration of regional lymph node, NOS]. Reference SEER Inquiry System # 20021007; SEER Program code Manual pg. 127
- Q:** Scope of Regional Lymph Node Surgery: Should this field be coded to "unknown or not applicable" for all hematopoietic morphologies, brain primaries and unknown primaries?
- A:** For cases diagnosed 1/1/2003 and after: Yes. Code the Scope of Regional Lymph Node Surgery field to 9 [Unknown or not applicable] for all of these sites/histologies. Reference SEER Inquiry System #20010049; SEER Program code Manual pg. 127